

Data from the Statewide Incident Reporting Network (SIREN) and the Vermont EMS Office absenteeism survey were analyzed for COVID-19 topics of interest for the week of April 12, 2020 – April 18, 2020. Topics of interest include:

- Assessing the impacts of COVID-19 on the Vermont EMS system, including absenteeism and reduced call volume.
- Measuring the PPE consumption (“burn rate”) in Vermont EMS.
- Evaluating potential EMS COVID-19 calls through supplemental questions.

The data in this summary are preliminary and subject to change.

Absenteeism

In an effort to track changes to the Vermont EMS response capacity during COVID-19, the EMS Office asked all ambulance services to answer a short survey each day an agency was forced to function below baseline operations due to absenteeism. This includes absences by all staff, not just EMS practitioners, and for all causes, not just COVID-19.

This information will assist the EMS Office for situational awareness, planning and federal reporting purposes, and potential assistance.

Summary

For the week of April 12 – April 18:

- 16 EMS agencies reported experiencing effects due to absenteeism:
 - 11 agencies reported a “**slight**” degree of effect.
 - 3 agencies reported a “**moderate**” degree of effect.
 - 2 agencies reported a “**serious**” degree of effect.

Levels of Effect

- **No effect:** no need to submit data.
- **Slight:** one or more people absent, but able to rearrange resources so that operational capacity is not reduced.
- **Moderate:** absenteeism resulted in some loss of operational capacity (less than 50%).
- **Serious:** absenteeism resulted in loss of at least 50% of operational capacity.
- **Catastrophic:** absenteeism resulted in complete loss of operational capacity.

Effect Level

No Effect

Slight

Moderate

Serious

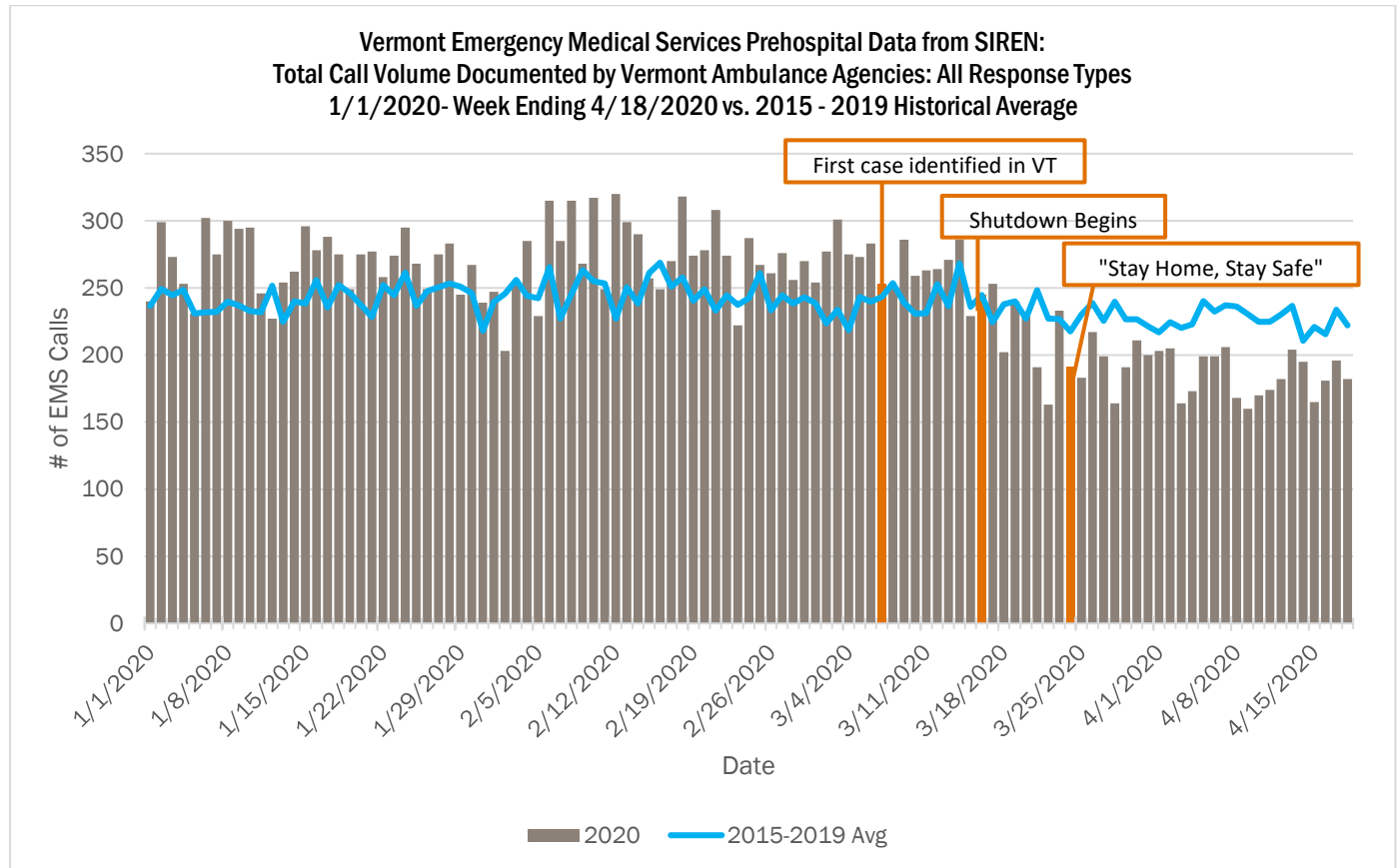
Catastrophic

EMS Call Volume

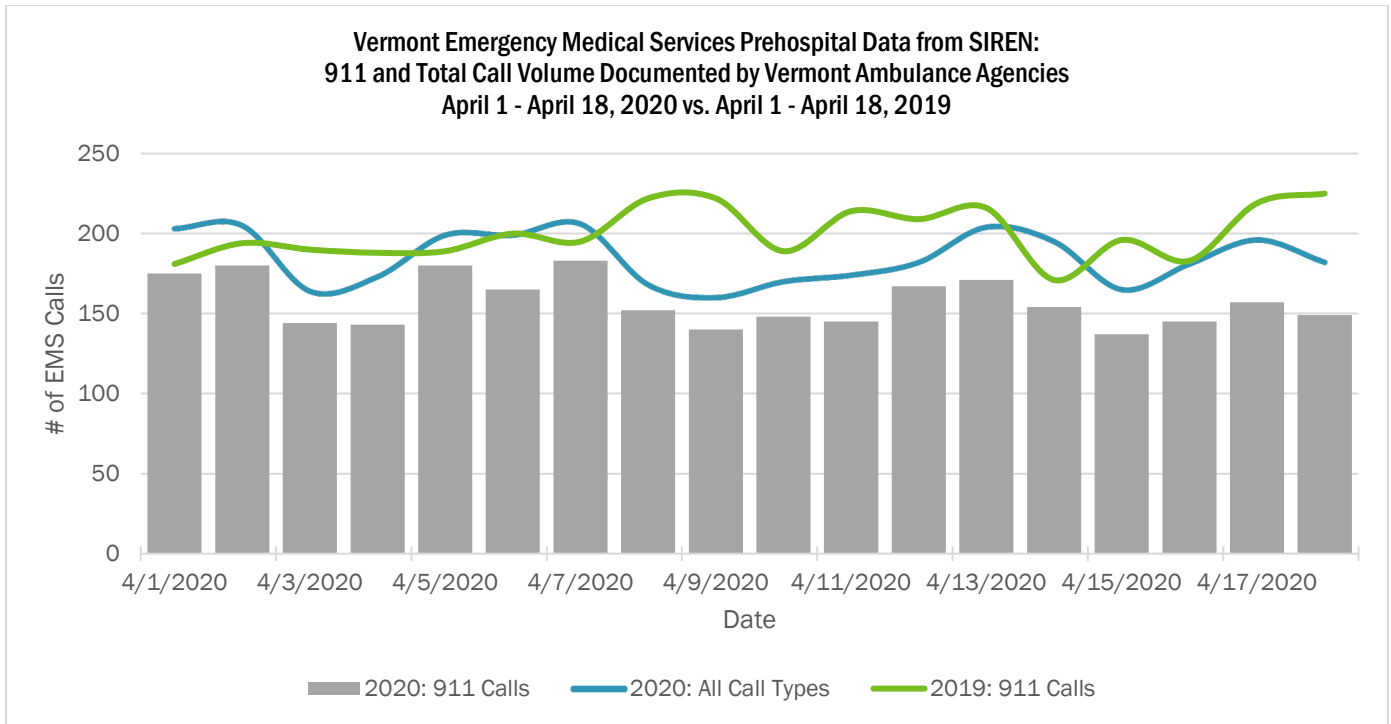
Vermont EMS agencies have observed a significant decrease in call volumes for all response types, particularly 911 calls, interfacility and medical transports, mutual aid responses, and intercepts.

The graphs below display call volume data for 2020 compared to the 2015-2019 historical average for Vermont ambulance agencies.

911 responses documented in SIREN were approximately 23.9% lower than at this time last year



Vermont Emergency Medical Services Data



*First response agency data were excluded from analysis. This is to account for the increase in the number of first response agencies reporting data into SIREN as time progresses compared to the number of agencies that reported data into SIREN historically.

**Numbers may be underreported due to potential lag in reporting.

Disposable PPE Use by Vermont Ambulance and First Response Agencies

Measuring the PPE consumption rate, also referred to as the “burn rate”, helps the state and EMS agencies plan and optimize the use of PPE for response to COVID-19. The burn rate can help the state better understand the specific resource needs that exist and help the state advocate for PPE resources at the federal level. This information can be used to estimate how long the remaining supply of PPE will last, based on the average consumption rate, and can help make projections for future needs.

	Week	Cumulative
	(April 12 - April 18, 2020)	(April 5 - April 18, 2020)
Documented Amount of Disposable PPE	1,813	2,843
Face Mask	350	569
Face Shield	156	211
Gloves	516	810
Gown	165	258
N-95	305	485
Protective Eyewear	321	510

*Please note that the PPE numbers listed in the table above only represent what was documented in the PPE grid in SIREN by EMS providers. Therefore, it is possible that the numbers in the table above are an underrepresentation of the actual amount of PPE used.

COVID-19 Supplemental Questions

	Week
	April 12 - April 18, 2020
Was the patient screened by EMS for COVID-19 symptoms?	
Yes	776
No	97
Has the patient had contact with someone being monitored for or diagnosed with COVID-19 within 14 days of symptom onset?	
Yes	24
No	601
Unknown	211
N/A	36
Did the patient have symptoms consistent with COVID-19 (fever, cough, shortness of breath)?	
Yes	177
No	648
N/A	44
If EMS suspects or knows that the patient has COVID-19, was the receiving facility notified?	
Yes	158
No	66
N/A	631

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